

## Addition of a Guardian to a Core Participant / Prenatal Parent

**Program Name:**

Guardian's <u>first</u> name:		Guardian's <u>middle</u> name: <i>(optional)</i>	
Guardian's <u>last</u> name:		Child's name as it appears on birth certificate:	
Guardian's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Guardian's <u>maiden</u> last name (if applicable): <i>(optional)</i>	
Guardian's date of birth: mm    /    dd    /    yyyy		<u>First name</u> of guardian's mother:	
<b>Place of birth:</b> <input type="checkbox"/> If born in California, specify <u>county</u> : _____ <input type="checkbox"/> If born in other U.S. state, specify <u>state</u> : _____ <input type="checkbox"/> If born in other country, specify <u>country</u> : _____			<b>Note:</b> If client declines to specify place of birth, you may note as "unknown" under any category.
Street address: <i>(optional)</i>			
City, State: <i>(optional)</i>			Zip code:
Phone number: <i>(optional)</i> (       )	Consent date: mm    /    dd    /    yyyy		Date of first service: mm    /    dd    /    yyyy
<b>Ethnicity (check all that apply):</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> <b>Alaska Native or American Indian</b>  <input checked="" type="checkbox"/> <b>Asian</b>                <input type="checkbox"/> Asian Indian                <input type="checkbox"/> Cambodian                <input type="checkbox"/> Chinese                <input type="checkbox"/> Filipino                <input type="checkbox"/> Japanese                <input type="checkbox"/> Korean                <input type="checkbox"/> Vietnamese                <input type="checkbox"/> Other Asian         </div> <div style="width: 30%;"> <input type="checkbox"/> <b>Black/African-American</b>  <input checked="" type="checkbox"/> <b>Hispanic/Latino</b>                <input type="checkbox"/> Mexican, Mexican-American, Chicano                <input type="checkbox"/> Puerto Rican                <input type="checkbox"/> Cuban                <input type="checkbox"/> Central American                <input type="checkbox"/> Other Hispanic/Latino         </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> <b>Pacific Islander</b>                <input type="checkbox"/> Native Hawaiian                <input type="checkbox"/> Guamanian or Chamorro                <input type="checkbox"/> Samoan                <input type="checkbox"/> Other Pacific Islander  <input type="checkbox"/> <b>White</b>  <input type="checkbox"/> <b>Other:</b> specify _____  <input type="checkbox"/> <b>Unknown</b> </div> </div>			
<b>What language does the family speak most at home? (check ONE box):</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Mostly English  <input type="checkbox"/> English and another language equally (indicate other language below)         </div> <div style="width: 45%;"> <input type="checkbox"/> Mostly another language (indicate other language below)  <input type="checkbox"/> Unknown         </div> </div>			
<b>If language other than English, which language? (check ONE box):</b> <div style="display: grid; grid-template-columns: repeat(5, 1fr); gap: 5px;"> <div><input type="checkbox"/> Cantonese</div> <div><input type="checkbox"/> Bosnian</div> <div><input type="checkbox"/> German</div> <div><input type="checkbox"/> Lahu</div> <div><input type="checkbox"/> Serbo-Croatian</div> <div><input type="checkbox"/> Hmong</div> <div><input type="checkbox"/> Burmese</div> <div><input type="checkbox"/> Greek</div> <div><input type="checkbox"/> Lao</div> <div><input type="checkbox"/> Somali</div> <div><input type="checkbox"/> Korean</div> <div><input type="checkbox"/> Cebuano</div> <div><input type="checkbox"/> Gujarati</div> <div><input type="checkbox"/> Mandarin</div> <div><input type="checkbox"/> Swahili</div> <div><input type="checkbox"/> Spanish</div> <div><input type="checkbox"/> (Visayan)</div> <div><input type="checkbox"/> Hebrew</div> <div><input type="checkbox"/> (Putonghua)</div> <div><input type="checkbox"/> Taiwanese</div> <div><input type="checkbox"/> Tagalog (Pilipino)</div> <div><input type="checkbox"/> Chaldean</div> <div><input type="checkbox"/> Hindi</div> <div><input type="checkbox"/> Marshallese</div> <div><input type="checkbox"/> Thai</div> <div><input type="checkbox"/> Vietnamese</div> <div><input type="checkbox"/> Chamorro</div> <div><input type="checkbox"/> Hungarian</div> <div><input type="checkbox"/> Mien</div> <div><input type="checkbox"/> Tigrinya</div> <div><input type="checkbox"/> Other (continue with longer list)</div> <div><input type="checkbox"/> (Guamanian)</div> <div><input type="checkbox"/> Ilocano</div> <div><input type="checkbox"/> Mixteco</div> <div><input type="checkbox"/> Toishanese</div> <div><input type="checkbox"/> Albanian</div> <div><input type="checkbox"/> Chaozhou</div> <div><input type="checkbox"/> Indonesian</div> <div><input type="checkbox"/> Pashto</div> <div><input type="checkbox"/> Tongan</div> <div><input type="checkbox"/> Amharic</div> <div><input type="checkbox"/> (Chaochow)</div> <div><input type="checkbox"/> Italian</div> <div><input type="checkbox"/> Polish</div> <div><input type="checkbox"/> Turkish</div> <div><input type="checkbox"/> (Ethiopian)</div> <div><input type="checkbox"/> Croatian</div> <div><input type="checkbox"/> Japanese</div> <div><input type="checkbox"/> Portuguese</div> <div><input type="checkbox"/> Ukrainian</div> <div><input type="checkbox"/> Arabic</div> <div><input type="checkbox"/> Dutch</div> <div><input type="checkbox"/> (Cambodian)</div> <div><input type="checkbox"/> Punjabi</div> <div><input type="checkbox"/> Urdu</div> <div><input type="checkbox"/> Armenian</div> <div><input type="checkbox"/> Farsi</div> <div><input type="checkbox"/> Khmer</div> <div><input type="checkbox"/> Rumanian</div> <div><input type="checkbox"/> Other language, specify: _____</div> <div><input type="checkbox"/> Assyrian</div> <div><input type="checkbox"/> French</div> <div><input type="checkbox"/> Khmu</div> <div><input type="checkbox"/> Russian</div> <div><input type="checkbox"/> Unknown</div> <div><input type="checkbox"/> Kurdish</div> <div><input type="checkbox"/> Samoan</div> </div>			